

☐ **Pre-Licensing Instructor**

Provider Name		Provider Number
<p>I certify that the information on this form is true and correct to the best of my knowledge. It accurately represents at least the minimum qualifications required to be met by the individual named on this form as an instructor. Further, the individual named as an instructor has been approved by this Provider.</p>		
Print/Type Name of Provider Representative	Signature	Date
Title		

Instructor Last Name		First Name	Middle Name	Instructor Number (Leave Blank)
Have you been known by any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names:			Social Security Number - -	
Home Street Address				
City		State	ZIP	
Business Phone ( ) ext.				
List professional designations, insurance license (type, date, state):				
I have specialized experience in the following subject matter:				
Subject Matter		Years Experience	Designated Degree	
I certify that the information on this form is true and correct to the best of my knowledge and the information accurately represents my qualifications to teach insurance courses. I understand the information on this form is subject to verification through the audit process. I agree to abide by all Kentucky statutes, regulations, and program requirements regarding insurance and insurance continuing education and pre-licensing education.				
Print/Type Name of Instructor		Signature		Date

Send a copy of this form (no attachments) with instructor filing fees (\$5.00 pre-licensing, \$5.00 continuing education) and form KYF-01 to: Kentucky Department of Insurance, P. O. Box 517, Frankfort, KY 40602-0517